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FILED

Apr 09 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N32292 (7)  
1. Corporation Name  
PUTNAM COUNTY CHILDREN'S TASK FORCE, INC.



Principal Place of Business Mailing Address  
PO BOX 982 PO BOX 982  
~~POST OFFICE BOX 2250~~ ~~POST OFFICE BOX 2250~~ ← delete  
PALATKA FL 32178 PALATKA FL 32178-0982  
US US

3. Date Incorporated or Qualified

05/15/1989

4. FEI Number

59-3018728

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 P.O. Box 982  
23 City & State Palatka FL  
24 Zip 32178- Country US  
25  
26 Suite, Apt. #, etc.  
27 P.O. Box 982  
28 City & State Palatka FL  
29 Zip 32178-0982 Country US  
30

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DAWSON, MARY LOU  
211 PROSPECT AVE.  
INTERLACHEN FL 32148

10. Name and Address of New Registered Agent

81 Name Christie Lane  
82 Street Address (P.O. Box Number is Not Acceptable)  
227 Silver Lake Road  
83 Rt. 4 Box 1120  
84 City Palatka FL 85 Zip Code 32177

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Christie Lane

3/17/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS      | CITY-ST-ZIP          | DELETE                              |
|-------|------------------|---------------------|----------------------|-------------------------------------|
| PD    | LANE, CHRISTIE   | RT 4 BOX 1120       | PALATKA FL           | <input checked="" type="checkbox"/> |
| SD    | DAWSON, MARY LOU | 211 PROSPECT AVE.   | INTERLACHEN FL 32148 | <input checked="" type="checkbox"/> |
| TD    | OSTER, LADDIE    | 102 WINDY HILLS RD. | HAWTHORNE FL 32640   | <input checked="" type="checkbox"/> |
|       |                  |                     |                      | <input type="checkbox"/>            |
|       |                  |                     |                      | <input type="checkbox"/>            |
|       |                  |                     |                      | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE        | NAME          | STREET ADDRESS | CITY-ST-ZIP      | DELETE                              | Change                              | Addition                            |
|--------------|---------------|----------------|------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| PD           | VACANT        |                |                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Secretary SD | Judith Barnes | 615 Hwy. 26    | Melrose FL 32666 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Treasurer TD | Christie Lane | Rt. 4 Box 1120 | Palatka FL 32177 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| TD           | Steve Kersey  | Rt. 2 Box 2410 | Starke FL 32091  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|              |               |                |                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|              |               |                |                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|              |               |                |                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Christie Lane

3/17/98

904 328-2530

CR2E037 (10/97)